

CANCELLATION / REINSTATEMENT REQUEST

INSURANCE COMPANY			POLICY NUMBER <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> COMPANY BILL <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> PERSONAL <input type="checkbox"/> COMMERCIAL		
INSURED'S FULL NAME AND POSTAL ADDRESS			BROKER'S FULL NAME AND POSTAL ADDRESS		
FIRST NAME	MIDDLE NAME	LAST NAME	UW INSURE BROKER		
			12408 108Ave NW		
			<div style="display: flex; justify-content: space-between;"> POSTAL CODE T5M 0H3 </div>		
		POSTAL CODE	COMPANY CUSTOMER ID:		BROKER'S CLIENT ID:
CANCELLATION REQUEST					
EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE YYYY MM DD	TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	REASON FOR CANCELLATION <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (State in REMARKS)	
POLICY TERM		EFFECTIVE DATE YYYY MM DD	EXPIRATION DATE YYYY MM DD	COMPANY	
METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		PREMIUM PAID TO BROKER \$	POLICY NUMBER		EXPIRATION DATE YYYY MM DD
REMARKS:					
CANCELLATION STATEMENT					
<p>This release must be signed by all with a financial interest in the policy.</p> <p>I / We agree that the policy indicated by number (above) together with any renewal certificates relating thereto are cancelled as of the date stated above and that the Insurer is relieved from all liability thereunder from said date.</p> <p>Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p> <p>WARNING - Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and their licence may be suspended.</p>					
SIGNATURE OF NAMED INSURED		DATE YYYY MM DD	SIGNATURE OF NAMED INSURED		DATE YYYY MM DD
RELEASE(s) ATTACHED					
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LESSOR <input type="checkbox"/> WHERE RELEASES ARE NOT ATTACHED, PLEASE ISSUE CANCELLATION NOTICES TO ALL INTERESTS ON THE CANCELLED POLICY.					
REINSTATEMENT REQUEST					
EFFECTIVE DATE AND HOUR OF REINSTATEMENT		REINSTATEMENT DATE YYYY MM DD	TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	PAYMENT RECEIVED <input type="checkbox"/> FULL <input type="checkbox"/> CERTIFIED CHEQUE <input type="checkbox"/> PARTIAL BALANCE OWING \$_____	
REASON FOR REINSTATEMENT:					
BROKER / AGENT SIGNATURE			DATE YYYY MM DD		